

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000446

FILED
Mar 19, 2009
Secretary of State

Entity Name: CITISTREET FINANCIAL SERVICES LLC

Current Principal Place of Business:

400 ATRIUM DRIVE
SOMERSET, NJ 08873

New Principal Place of Business:

1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036 US

Current Mailing Address:

400 ATRIUM DRIVE
SOMERSET, NJ 08873

New Mailing Address:

1095 AVENUE OF THE AMERICAS
TAX DEPARTMENT - 15TH FLOOR
NEW YORK, NY 10036 US

FEI Number: 22-2125964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: FARRELL, MICHAEL K
Address: 10 PARK AVE
City-St-Zip: MORRISTOWN, NJ 07962

Title: S () Delete
Name: JORDAN, DANIEL D
Address: 501 BOYLSTON ST
City-St-Zip: BOSTON, MA 02116

Title: VP () Delete
Name: HOGAN, THOMAS G
Address: 400 ATRIUM DRIVE
City-St-Zip: SOMERSET, NJ 08873

Title: AT () Delete
Name: KOEGER, JAMES W
Address: 13045 TESSON FERRY RD
City-St-Zip: SAINT LOUIS, MO 63128

Title: AT () Delete
Name: BROWN, LEO R
Address: 1 METLIFE PLAZA, 27-01 QUEENS PLAZA N
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: D () Delete
Name: GUTHRIE, JOHN F JR
Address: 501 BOYLSTON ST
City-St-Zip: BOSTON, MA 02116

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HOGAN, THOMAS G JR
Address: 400 ATRIUM DRIVE
City-St-Zip: SOMERSET, NJ 08873

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ACAS (X) Change () Addition
Name: ZDEB, JOSEPH A
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036 US

Title: D (X) Change () Addition
Name: FARRELL, MICHAEL K
Address: 10 PARK AVENUE
City-St-Zip: MORRISTOWN, NJ 07962

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH A. ZDEB, ASSISTANT CASHIER

ACAS

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date